



## PAID SYSTEM DATA ACCESS REQUEST

1A. STATION NO.	1B. TYPE OF STATION	1C. MAILING ADDRESS	2. TYPE OF OPTION <input type="checkbox"/> PAID ONLINE TERMINAL OPTION <input type="checkbox"/> PAID DHCP OPTION (VHS)
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## 3. ACCESS AUTHORITIES

**INSTRUCTIONS:** List the names of all employees who are to be issued user identifications and passwords for access to PAID data. This section is also to be used to report changes in authorizations due to separations, transfers, reassignments, etc.

USER ID.	SOCIAL SECURITY NO.	EMPLOYEE NAME (Last, first, middle initial)	OFFICE NAME AND SYMBOL	PHONE NO.	POSITION TITLE	EXTRACT CAPABIL.	ACTION CODE A/C/D

## 4. SPECIAL ACCESS REQUIREMENTS

**INSTRUCTIONS:** Add or delete access to PAID System data as indicated below for the station(s) for which we provide personnel and/or fiscal services.

STATION NO.	STATION NAME AND LOCATION	ADD DELETE

**5A. CERTIFICATION:** I certify the employees who will have access to PAID data have ADP-1 or ADP-II level security clearance and that this station has established an ADP security plan which provides administrative, physical and technical safeguards for protecting PAID data. This plan includes physical security of the computer system and peripheral devices (CRT's and printers).

5B. SIGNATURE OF DIRECTOR OF REQUESTING STATION

5C. DATE

5D. NAME AND TITLE OF DIRECTOR OF REQUESTING STATION

## 6A. ACCESS APPROVAL (To be completed by VACO only)

TYPE OF OPTION

## TYPE OF ACCESS

PERSONNEL

FISCAL

6B. ONLINE OPTION

6C. DHCP OPTION

## 7A. PAID SECURITY OFFICER ACTION

7B. TYPE OF ACTION

☐ APPROVED☐ DISAPPROVED

7C. SIGNATURE OF PAID SECURITY OFFICER

7D. DATE

## INSTRUCTIONS

This form is to be completed by the requesting facility ADP Security Officer.

1A. Enter the three digit station number of your station.

1B. Enter the type of your facility, e.g. VA Medical Center, VA Regional Office, etc.

1C. Enter your facility's address (city, state, and zip code).

2. Select either or both options. If you select the DHCP option, your facility must be able to receive the DHCP Extract File on your DHCP computer over the VADATS network. If only the DHCP option is selected, leave item 3 blank and complete item 4, if appropriate. If you select the Online Option, complete item 3 and if appropriate, item 4. Item 4 must be completed if you want data for stations that you serve.

3. List the names of all employees who are authorized to view employee personnel or fiscal data and are to be issued user ID's and passwords for access to PAID data.

User ID - List the employee's current user ID if the employee already has an Austin issued user ID. Otherwise leave blank.

Social Security No. - The employee's social security number, which will be obtained from the Official Personnel Folder or payroll folder.

Office Name and Symbol - The employee's office within the facility, and its routing symbol.

Phone No. - The employee's FTS phone number.

Position Title - The title of the employee's position.

Extract Capability - Only one employee in the personnel area and one employee in the fiscal area are able to have the extract capability.

Select the employee by entering "YES" in this column.

Action Code - Enter an "A" if the employee is to be added; "D" if the employee is to be deleted; or "C" if the employee already has a user-ID and you want to change his/her office, phone number, position title, or extract capability access.

4. List the station number, name and location of any facility for which you provide personnel and/or fiscal services if data is desired for that facility, and the action you would like to take (Add or Delete).

5B and 5C. The Director of the local facility must sign and date the certification.

5D. The Director's name and title must be typed or printed.

6A through 6C. Access approval section to be completed by VACO office only.

7A through 7D. To be completed by the PAID Security Officer.